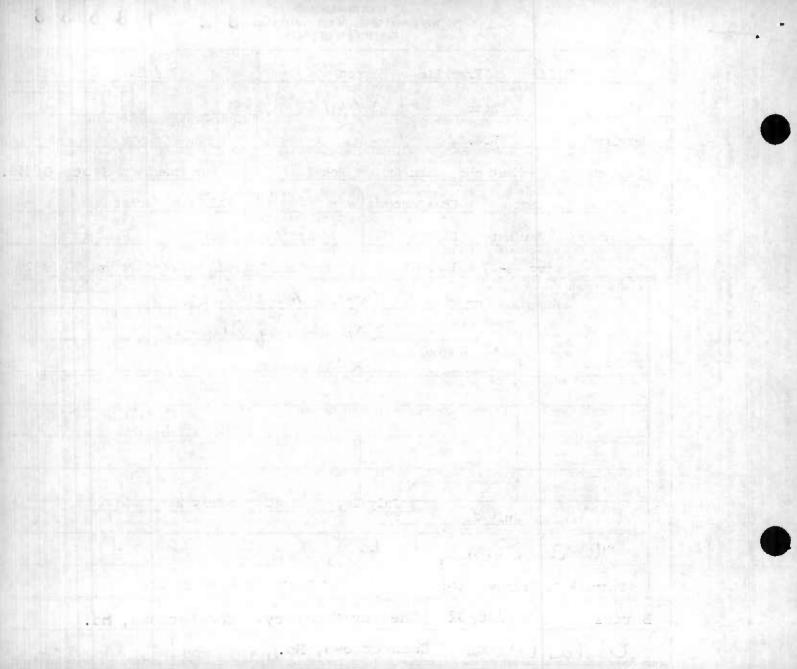
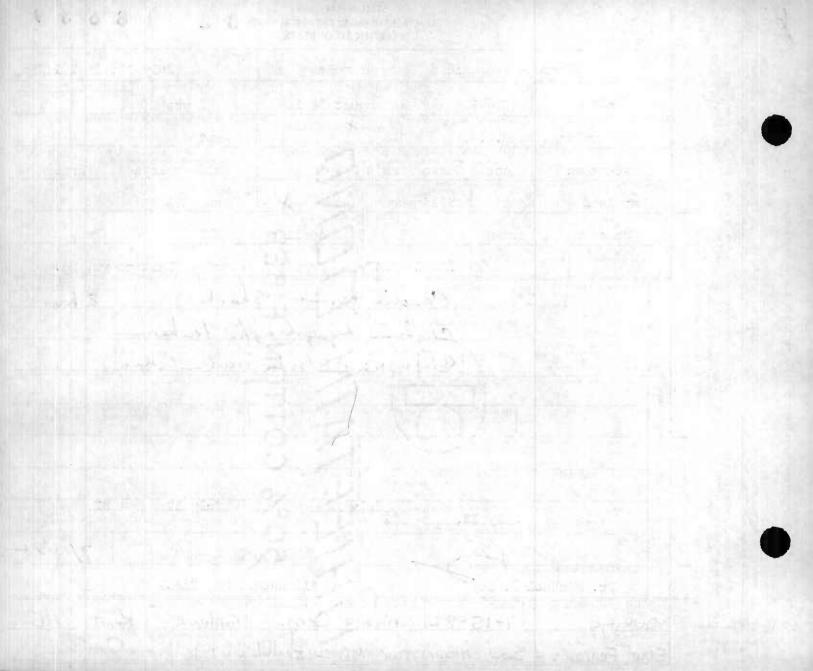
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BALTIMORE, MD.	URS AFTER DE 8. GIVE PAGE WITH FORM PAGES 1 AP DIVISION OF		ns deceasei s, no, or unkno no	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	166. 504	CIAL SECURI	IT NO.			lege			n, Md.		
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NO	R: THIS CE DRWARDED: PAGE 3 STATE DE 21201 PRI	ME	WHILE AT WORK	NOT WHILE AT WORK	STREET, FACTO	ORY, FARM, I	ETC.)	h	ear/		W	CITY OR TOWN	- K	Lent	m	STATE
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	OH ANO	-	EXAMINER'S	NAME	Chestert			t Co	ADD Ma	2371	and					
	PAF TO A PAF	23a, B	URIAL, CREMA Buria	TION REMOVAL			NAME OF CE					OCATION K XXXX	Lan	gdon,	N.	Han
	DHMH · 17 (VR A15 ME (5))	24.	NERAL DIREC	Oliste	100		rtown	777				Y REGISTRAR	25 SEGIS	gan	Marke	

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4	FOR STATE REGISTRAR	DEP	CERTIFICATE OF DEATH	REG. NO.	18641
nay be page 3	1. DECEASED NAME FIRST (TYPE OR PRINT) Jent		Dickinson	20. DATE OF DEATH MON	/ 17 / 82 8:40 M
po po	3. SEX Female	White	5 DATE OF BIRTH 11 - 26° -1884	6 AGE (IN YEARS LAST BIRTHDA	YRS.
M)46	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Deleware	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIED NEVERMARRIED WIDOWED DIVORCED D	Rent County	OUNTY OF DEATH MD.
67	10. CITY OR TOWN OF DEATH Chestertown	(IF NOT IN SUCH FACILITY, GIVE S	RSING HOME OR OTHER INSTITUTION TREET ADDRESS! Anne's Hosp. Inc.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO BOOKKeeper	ORKING LIFE) 12% KIND OF BUSINESS OR INDUSTRY Newspaper
BS	30. STATE	over other institution give residence e ounty 13c City or sen Anne Sudler	FORE ADMISSION) TOWN 13d. INSIDE CITY LIMITS?	P.O. Box 188	
and 2 st		anklin Gallag		Margar	et Roemen
Poges	160 WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) 1 IF YE	ARMED FORCES? 16b SOCIALS S. GIVE WAR OR DATES) 221-09	-8426 Hospital Re	ADDRESS ecords-Chester	town, MD 21620
the has been signed by the othersit permit. Then please remove regiene prior to burial, cremotian shows ony injury, or ather troun	Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost PART 2. OTHER SIGNIFICAL PART 2. OTHER 2	DUE TO, OR AS A CONSI	TO DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20	ON GIVEN IN PART 110 ON GIVEN IN PART 110
S DI 8	OR CONTRIBUTING CAUSE CO CIFETHER NOTIFY MEDICAL EXAM	HOUR A.M. MONTH MINER) P.M. 218 PLACE OF INJURY	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN	
I.O. FUNEXAL URCLION: After miss certification in the buriolity should be detached for use as the buriolity with the State Dept of Health and Mental IMPORTANT: If them 21 is marked or frem	220.1 certify that (I) (this sow the deceased alive	VPE OR PRINT	June 13 19 82	MEDICAL STAFF DIRECTOR PHYSICIAN	nond hour and from the causes stated
O of y M	230. BURIAL, CREMATION, REMO	7/21/82	236. NAME OF CEMETERY OR CREMATORY Old Drawyers	Odessa,	. N.C DOC
6 30M 2/B0 (15, 4)	Hoder C	Hickory 2	0 0017	11 0 G 1000 M	REGISTRAR'S SIGNATURE

andere many thouse a the line ASCUD. Kenal facture their to sentencein and admint the 7/21/8% Old Statement by Coepas, Jel. A FIRST CHARLEST CO. CARROWN, CO. Page 4 may be

and 2 should be

should be detached far use as the burial-transit permit. Then please remave carban pape with the State Dept. af Health and Mental Hygiene prior ta burial, cremation, ar remaval.

IMPORTANT: If Hem 21 is marked ar Item 18 shaws

certificate has been

TO FUNERAL DIRECTOR. After this

injury, ar ather traumatic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DEC NO

1. DECEASED NAME FIRST William	n Edward		orrell		7-7-82	YEAR	26 HOUR 8:44a.
	I RACE	5. DATE O		6. AGE (IN YEARS LAST BIRTH		JNDER I YEAR	IF UNDER 24 HRS
Male	White	MONTH		72		THS DAYS	HOURS MIN.
BIRTHPLACE STATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNTRY?	AA A P.D.IE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTYO	DEATH	
Maryland	U.S.A.	WIDOWE	ED DIVORCED	Kent			M
Chestertown, Md.	NAME OF HOSPITAL, NURSIN NOT IN SUCH FACILITY, GIVE STREET Kent & Queer	ADDRESSI Anne		120. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Self-Emplo	WORKING LIFE)	INDUSTRY	f BUSINESS OR erman
	other institution, give residence before IV I3c. CITY OR TOWN Grasons	/N	13d INSIDE CITY LIMITS? YES NO 💆	13e. STREET ADDRESS Rt. 1 Box	388		
14 FATHER'S NAME FIRST Albert NM	N Dorrell		15. MOTHER'S MAIDEN NAME FIRST	NMN MIDDIE	Wa	rner	
160 WAS DECEASED EVER IN U.S., ARM (YES, NO OR UNKNOWN) IF YES, GIVE TO	NED FORCES? 166 SOCIAL SECU WAR OR DATES) 222-07-		17. INFORMANT Hospital R	ADDRES ecords/Chest		, Md.	
gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQU (c) DODITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH	DEATH BUT	COPS NOT RELATED TO THE TERMI			ERE FINDIN	GS USED
210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21. 110.11.11.11.11.11.11.11.11.11.11.11.11.	YES NO	YES [3	NO DEATH?
		AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	THE PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	ARM ETC)	211 LOCATION STREET	CHTY OR TOW	И	COUNTY	STATE
220.1 certify that (1) (this haspital sow the deceased alive on approx (1) (was (did) (did and)	July 7, $_{10}$	June 82	nd that in (my) (our) apinion o	2, to July 7 death occurred on the date	e and haur a		that (1) (we) las
22b. STANATURE	MOUDE STAFF PHYSICIAN DIRECTOR PHYSICIAN						TL82
22d WYSICIAN'S NAME (TYPE ORE Patrick A. M		113	22. ADDRESS Chesterto	wn, Maryland	1 21620)	
I SPECIFY)			EMETERY OR CREMATORY Memorial Pk.	23d LOCATION CITY OF TOWN Easton	c	olbot	MD.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR Helfenbein-Hubbard Box66B Chester Md.

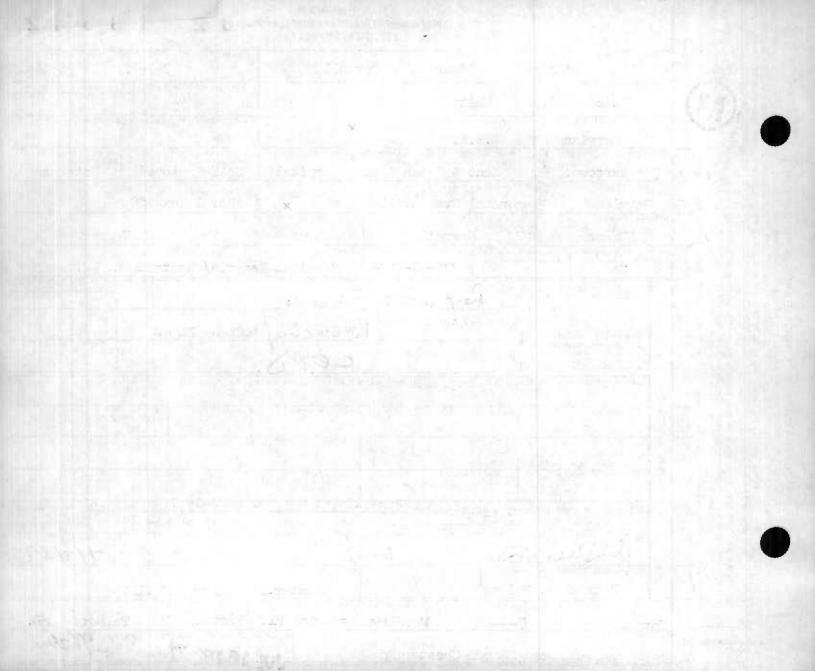
Burial

FOR - STATE

REGISTRAR

. BY REGISTRAR 256. REGISTRAR'S SIGNAPRE

Tolbot MD.



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DHMH-16 50M 1/B1 (VRA 15, 4)

	1-	FOR - STATE REGISTRAR			IT OF HEA	OF MARYLAND ALTH AND MENTAL CATE OF DEATH	HYGIENE &	3 2 REG. NO.	1	8 6	4 4
	3. SE	CEASED NAME FIRST EXPENSIVE OF PRINTS	Etta ARACE White The CITIZEN OF WH	Fr	DATE OF	nan BIRTH YEAR	Jul 6. AGE 1	OF DEATH M	YRS.	82 FUNDER I YEAR II	FUNOFR 24 HRS
5	j	Kent ITY OR TOWN OF DEATH	U. S. A	1 /	IDOWED	DIVORCED OTHER INSTITUTION	K	ent AL OCCUPATION WORK FOR MOST OF V	V	126 KIND OF I	MC BUSINESS OR
5	USU/ 13a. S	ALRESIDENCE (IF NURSING HOME OF TATE 13b, COU	PROTHER INSTITUTION GIV	PHOME PERESIDENCE BEFORE ADA C. CITY OR TOWN C. CK Hall	AISSION)	3d INSIDE CITY LIMIT YES NO S 5 MOTHER'S MAIDER	8? 13e STRE	et address Main		INDUSTRY	
6	16a V	William VAS DECEASED EVER IN U.S. A	F	Y C C Man		Mary INFORMANT James W.	culle	ADDRESS N. Ma	inst.	Piere Rock +	lall, M.
2	CATION	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT DIA BE AS	DUE TO, OR A OUE TO, OR A OUE TO, OR A (c) CONDITIONS CON	A CONSEQUENCE	E OF			UTOPSY?	70b. IF YES,	WERE FINDING	S USED
9	MEDICAL CERTIFICATION	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	HOUR A.M. P.M. 21e PLACE OF	MONTH DAY	YEAR 19	TIL HOW INJURY OC	YES CURRED (ENTER	NON	YES N ITEM 18 PAR		F DEATH? NO STATE
			D S	19.8	DE	that in (my) () opi GREE ATTENDIN PHYSICIA 17e. ADDRESS	IG MEDICA	7 7	and haur o	ond from the cou	uses stated
	B	JURIAL, CREATION, REMOVAL SPECIFY JUNEAL DIRECTOR		23c. NAM	Seleg	Chapel	Ro	DCATION CITY OR TOWN CK H QY Y REGISTRAR 251	K	COUNTY COUNTY COLT AR'S SIGNATUR	STATE Mcl E
	He	Itenbein-Hu	bbard b	30x668 C	hesi	ter md A	UG - 3	1982 7	nues	Yan / ki	There

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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H		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO).		
		CEASED NAME OR PRINT)	FIRST		MIDDLE	ı	AST .	20 DATE	OF DEATH	MONTH D	AY YEAR	2b HOUR
			Evely	n I	NMN	Gr	een		7	/ 16	/ 82	2:20 A
	3. SE	X		RACE		5. DATE C	D. 1 D. 11. 1 . 1	6. AGE (II	N YEARS LAST BIRT		ONTHS DATE	IF UNDER 24 HRS
	F	emale	20	White	e	2	/ 3 / 1907	75		YRS.		, and
-		RTHPLACE (STATE OR	FOREIGN 7	L CITIZEN OF	WHAT COUNTRY?	8 MADDIE	DE NEVER MARRIED	9. BALTIM	ORE CITY OF	COUNTY	OF DEATH	
1		New Jer	sev	II.	. S. A.	WIDOWE			Kent Co	unty		MD.
=	10 CI	TY OR TOWN OF DE			HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUA	L OCCUPATION OF FOR MOST OF	NC		F BUSINESS OR
1		Chestert		Kent a	and Queen	Anne	's Hospital		usewife		INDUSTRY	
1		AL RESIDENCE (IF NUR	13h COUN		13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREE	T ADDRESS			
		Maryland	K	ent	Rock H		YES NO 3		O. Box	108		
1	14. FA	THER'S NAME		IDDLE	LAST		15. MOTHER'S MAIDEN N	AME	MIDDLE			
C		Howard		MN	Edsal1		Emma		NMN		Coxhe	ad
		VAS DECEASED EVER			16b. SOCIAL SECU	RITY NO.	37 INFORMANT		ADDRE:	SS		
	(1	No	(IF YES, GIVE	WAR OR DATES)	061-09-	2200	Hospital 1	Record	s - Che	stert	own, M	21620
		18 CAUSE OF DEAT	H (Enter only	one couse pe	r line for (a), (b), an	d (c)	o I	10	11	000	BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH V	IMMEDIATE		House	- /Ve	now Tal	lun	2/8	41565	,	
		5789	7	DUE TO, C	R AS A CONSEQUE	NCE OF	1.1	1 _	13	, -		
		Conditions, if ony		(b)_			delighta	ron	- bohn	ibus/	dearth	14.
		gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF O I O O										
	-	underlying couse lost. (c) Gel. Polledling										
ř	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)										
	CERTIFICATION											
1	ICA	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU	TOPSY?	IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
	RTII		Designation [7]	AU This c	DE INTURNA	-	In How his py a seri	YES 🗌	NO	YES		NO 🗌
1		210. ACCIDENT WAS UN		21b. TIME C HOUR A	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PAI	RT 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDI			.M	19						
	MEC	21d. INJURY OCCUR			OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
		AT WORK AT WO)RK			77	17	7	Testes 17		02	
		220.1 certify that (1) sow the deceas				July 82	14 19 8	, , , ,	July 16			that (I) (we) last
		obove (I) (we) (did) (did not)	view the body	ofter death.		DEGREE	or deom occor	rea on the ao	TE ONG HOU	22c DATE	
		100	Im	Olo	$\overline{}$	he.	ATTENDING	MEDICA			121 DAIL	3101460
_		22d. P. YSICIAN'S N	AME (TYPE OR	PRINTI	1	-	PHYSICIAN 276 ADDRESS	DIRECTO	R [] PHYSICI	IAN []	1	
	13	Patric			M.D.		Chesterton	wn. MD	21620			
-	23a B	HIPIAL CREMATION				LAME OF C	EMETERY OR CREWATORY	1224 100	CATION		Donna	

DHMH-16 30M 2/80 (VRA 15, 4)

etained by the hospital

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and completely filled in by should be detached for use as the buriol-transit permit. Then please remave carbonpapers. Pages 1 and 2 should be filled with the State Dept of Health and Mental Hygiene prior to buriol, cremotion, or removal.

injury, or ather traumotic event, th

IMPORTANT: If them 21 is marked or Item 18 shows ony

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FOR

7/19/82

Lawncroft Cemetery

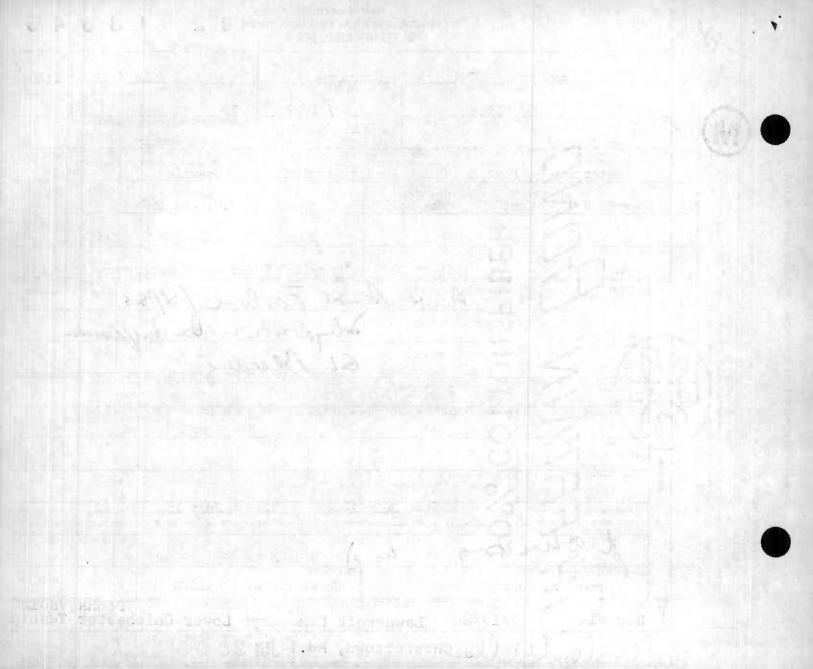
Chestertown, Md.

Location

Chichester Twship

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BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPARTMENT OF HE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	0		A TEST IN IN
I. DECEASED NAME FIRST	DESIGNATION.	WIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
The state of the s	11iam	Bryan	Tre	land		7 / 1	1 / 82	8:45P M
1. SEX	4. RACE	77.	5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BE	(YADAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Male	White		MONT	/ 2 / 97 YEAR	85	YRS	MONTHS DAYS	HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	R COUNT	Y OF DEATH	
Maryland	U.S.A	١.	WIDOWI		Kent Cou	nty		MD.
Chestertown	(IF NOT IN SUC Kent	and Que	address) en Ani	ne's Hospital	17a USUAL OCCUPAT ITYPE OF WORK FOR MOST (Farmer			OF BUSINESS OR
A SECURE AND A SEC	DUNTY Cent	130. CITY OR TOW Chester		138. INSIDE CITY LIMITS? YES MO 🗌	13e. STREET ADDRESS Magnoli	a Hal	1	
James	Tilden	Ireland	d	15 MOTHER'S MAIDEN NAME Catherine			Worrel1	51
160 WAS DECEASED EVER IN U.S.		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR			
NO JNKNOWN) [IF YES	GIVE WAR OR DATES)	217-30-8	3515	Hospital Re	ecords, Che	stert	own, MD	21620
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAL	DUE TO, O	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GI	VEN IN PART 1	(a)
190 DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		S, WERE FINDI	
H L			1.500		YES NO		ES [NO [
	DEATH HOUR A.	PFINJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCURE	RED (ENTER HATURE OF INJU	RY IN ITEM 18.	PART I OR PART 2)	
OR CONTRIBUTING CAUSE OF	21e PLACE LAT HOME STO	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
22a I certify that (I) (this has saw the deceased alive above, (I) (we) (did) (did	on July	11 19	Jul 82 , a	y 10 , 19 82 nd that in (my) (aur) apinian a	, ta <u>July</u> death accurred an the d	ate and ha		that (I) (we) last causes stated
22b. SGNATURE	len	on	h .	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		7/1	2/82
Wayne D. Benja				Chesterto	own, MD 216	20		
730 BURIAL, CREMATION, REMOV	AL 236. DATE	/ 23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			

DP______

TO FUNCERAL DIRECTOR: should be detecthed for us with the State Dept. of He MPORTANT. If them 21 is

DHMH-16 30M 2/80 (VRA 15, 4) Warum V. William 9

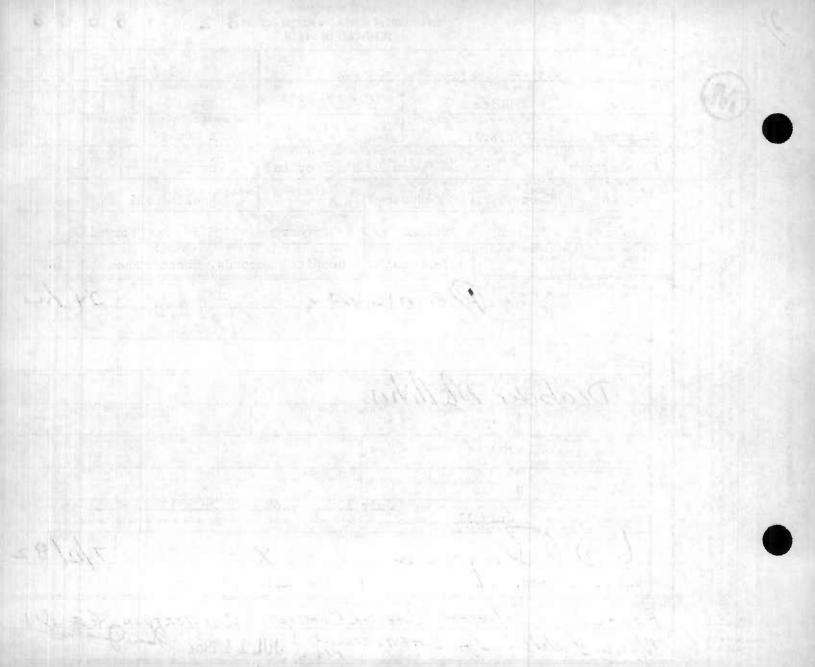
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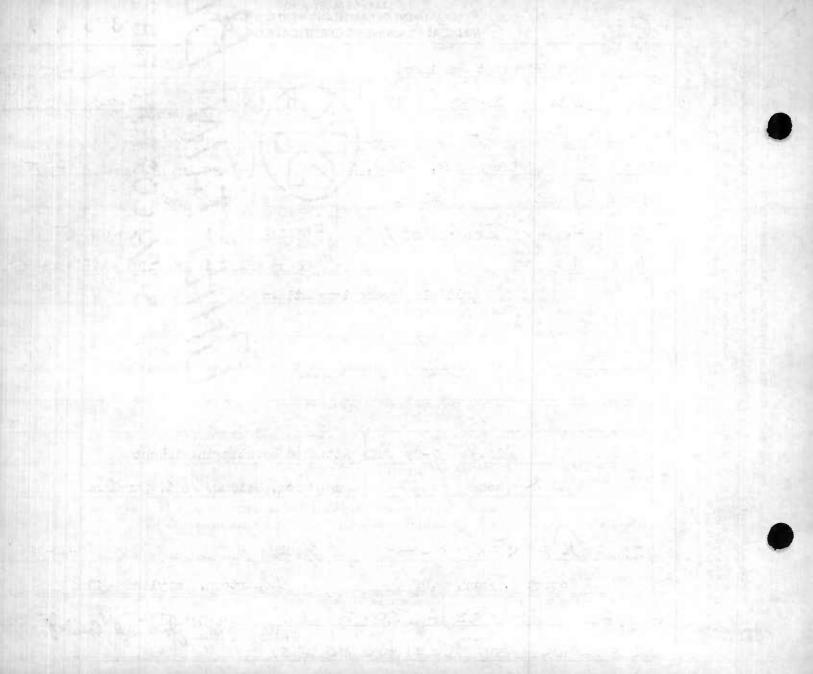
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DATE REC'D. BY REGISTRAR 1982

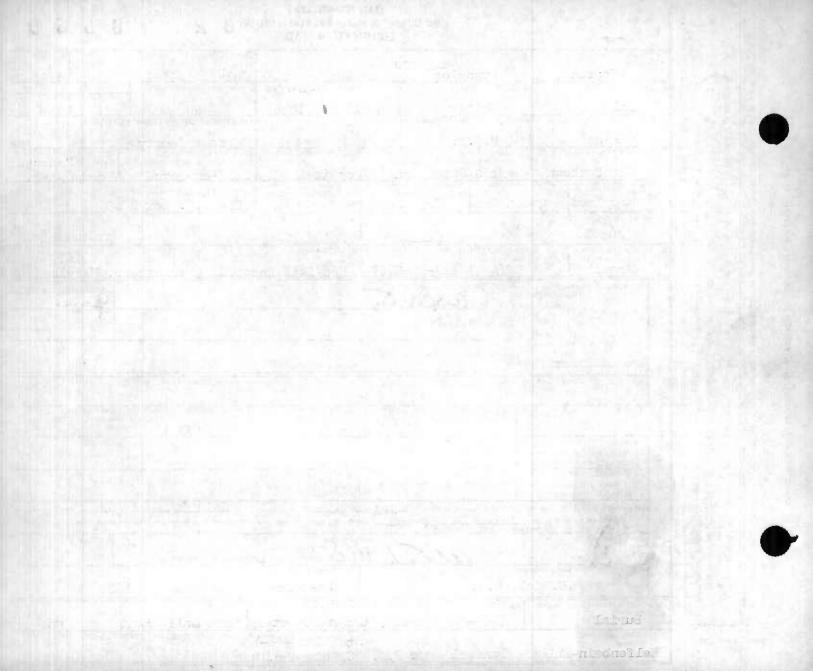
Marie Jaco





Chester Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$2



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completely filled in by the funeral director. I and 2 should be filed within 72 hours of

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IMPORTANT: If them 21 is morked or them 18 shows ony

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physical should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

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STATE	OF	MARYLAND
SIMIE	VI	HING I PAIN

1.	STATE REGISTRAR		DEPARTM		ICATE OF DEATH	REG. N	10.	8	6	5	1
	CEASED NAME FIRST	MI	DDLE	I	AST	20. DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR	R P
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3. SE	Х	4. RACE	SC DU	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST B		IF UNDE	RIYEAR	IF UNDER 2	24 HRS
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TO HOSPITAL OR ATTENDING PHYSICIAN: The retoined by the hospital or ottending physicion.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

John L

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Morgan.

23h DATE

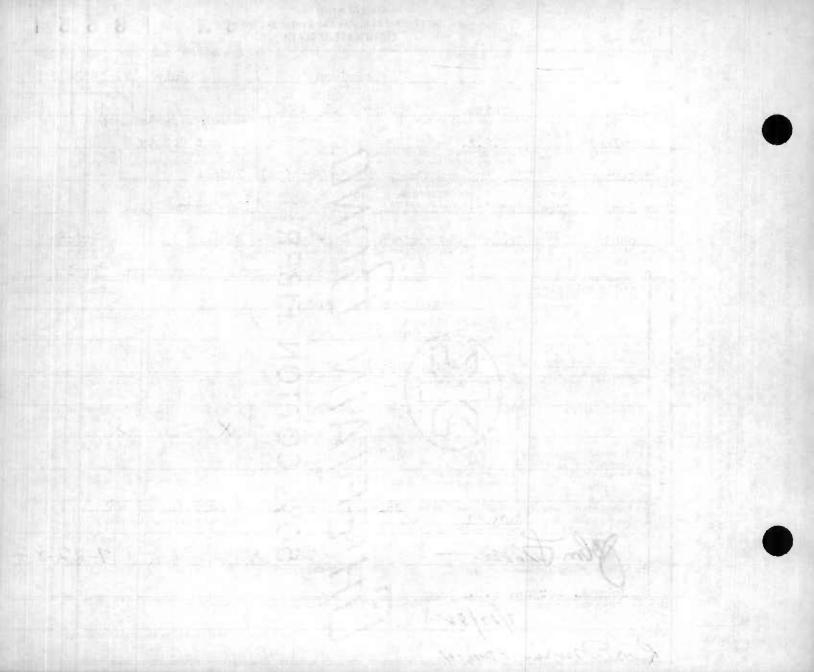
231. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Thomas J. Solon, M.D. Chestertown, Maryland 21620 236. BURIAL, CREMATION, REMOVAL 236. DATE CHEMETERY OF CHEMATORY CHEMATORY CHEMATORY INC. Lewes Sussex Del. Cremation 7-9-82 Home, -Crematory Inc. Lewes Sussex Del. 24 FUNERAL DIRECTOR Salisbury, Md Chestertown, Maryland 21620 250. DATE REC'D. BY REGISTRAR'256. REGISTRAR'S SIGNATURE		Hum	3 9 Dol	an un	ATTENDING PHYSICIAN	MEDICAL STAFF	AN	
236. BURIAL, CREMATION, REMOVAL 236. DATE CAME OF CEMETERY OF CHANGE ALL COUNTY CHYOR TOWN CHYOR TO		22d PHYSICIAN'S NAM	E (TYPE OR RINT)		22e ADDRESS			
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Cremation 7-9-82 Home, -Crematory Inc. Lewes Sussex Del.		23g BURIAL CREMATION RE				23d LOCATION		
24 FUNERAL DIRECTOR Salisburge, Md 250. DATE REC'D. BY REGISTRAR'250. REGISTRAR'2		(SPECIFY) Cremation	7_0_				Sussex	Del.
		24 FUNERAL DIRECTOR		7				ATURE
1111 1 K 1009 / August Man / M		JOIME E. Mer	Seron 3a.	TTSDUMEN IN	0.00	15 1092 2	vec Jan 9	father

DHMH-16 30M 2/80 (VRA 15, 4)

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	hent Count			TEDA	la Maria	4 5
priming	Herohant	Latione	a lika k	пэня) в	dasa.	Cacsterrown
			X eilly:	TOIDIN	, A.O	basiyish
	fina	Carrie	30.1	I.I.	. W	epaces
	ords Chesta					0.1

remave corbonpopers. Pages 1 and 2 should be filed

should be detached for use as the burial-transit permit. Then please remave carbanpapes with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

TO FUNERAL DIRECTOR: After this certificate has been signed by

completely filled

puo

physicion

ottending

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO).		3	8.3	
		CEASED NAME FIRST		MIDDLE	ι	AST		MONTH DA	Y YEAR	2h HOU	JR T	
		Owings		Samue1	Pic	kering	7 / 13 / 82 11.37					
)	3 SE		4. RACE		S. DATE C	OF BIRTH	IRTH 6 AGE (IN YEARS LAST BIRTHD			IF UNDER	2 m 1 114.12	
,		Male	White		5	13 / 11 YEAR	71	YRS.	DATS DATS	HOURS	MIN.	
07 1	7a. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	0	9 BALTIMORE CITY OR COUNTY OF DEATH					
35		arvland	U.S.	Α	WIDOWE	D NEVER MARRIED DINORCED	Kent Cou	t Country				
1 7	-	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		12b. KIND C	OF BUSINE	MD. ESS OR	
61	C	hestertown		and Ougan		's Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Machinist/Welder					
21	USU.	AL RESIDENCE (IF NURSING HOME OF				s nospital	Machinist/	werder				
26		STATE 13b. COUN		13c CITY OR TOW		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	116				
		aryland Ke	nt	Rock Ha	17.7	YES NO	P.O. Box	110				
1/1	19. 77	FIRST	MIDDLE	LAST		FIRST	WIDDLE		1AS	ST	1.0	
ru		Samuel	NMN	Picker		Anna	NMN		Hamme	1		
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES?	166. SOCIAL SECU		17 INFORMANT	ADDRE					
/		No -		213-10-	1622	Hospital R	ecords - Ch	estert	own, M	\mathbb{D} 21	.620	
		18. CAUSE OF DEATH (Enter or		line for (a), (b), on	d (c).)				BETWEEN	ONSET AND	RVAL DEATH	
	25	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CAUCILLA AND S										
	- 50	4100 DUE TO, OR AS A CONSEQUENCE OF 1 0 1										
	-	Conditions, if ony, which (b) musucasded infaction										
		gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NAE OF	2 11	1					
		underlying cause last.	100010.0	arter	DOC	levelen	disease		100			
		PART 2 OTHER SIGNIFICANT (ONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONT	DITION GIVEN	N IN PART 1	01		
	Z			200	B							
de	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USE	D	
de	E						YES TO NO X	NG CAUSES	G CAUSES OF DEATH?			
100	ER	21a. ACCIDENT WAS UNDERLYING	216. TIME C	OF INJURY	30.6	21c. HOW INJURY OCCURE		YES Y IN ITEM 18 PAR	1 1 OR PART 2)	140		
4		OR CONTRIBUTING CAUSE OF DEA										
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER		M. OF INTURY	19	21f. LOCATION						
	WEI	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)			STREET	CITY OR TO	COUNTY STATE				
		AT WORK AT WORK			Tes 1 22	13 87	14.14.	12	-02		100	
		220.1 certify that (I) (this hospi	7 7		July	13, 19 82	, toJuly	13, 19	02	that (I) (we) last	
		sow the deceosed alive on above, (1) (we)/did) (did no				nd that in (my) (aur) opinion	deoth accurred on the de	ite and hour o	and from the	couses st	ated	
		22b. SIGNUCIONE	m	1. 1	118	DEGREE	WEDICAL CTA	_	22c. DATE	SIGNED		
		X/ Jucka	4 11	auch		ATTENDING PHYSICIAN	MEDICAL STAF	IAN	1/1/	318	2	
T	6	12d. PHYSICIAN'S NAME (TYPE C	OR PRINT)	10		Te ADDRESSION 9			/	1		
		L. WICH	HAVEL	MACIE	< M	D) QUEEN	ANNE'S	HOSP.	CHE	STU	Clow	
	-											

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Helfenbein-Hubbard

230. BURIAL, CREMATION, REMOVAL

23b. DATE

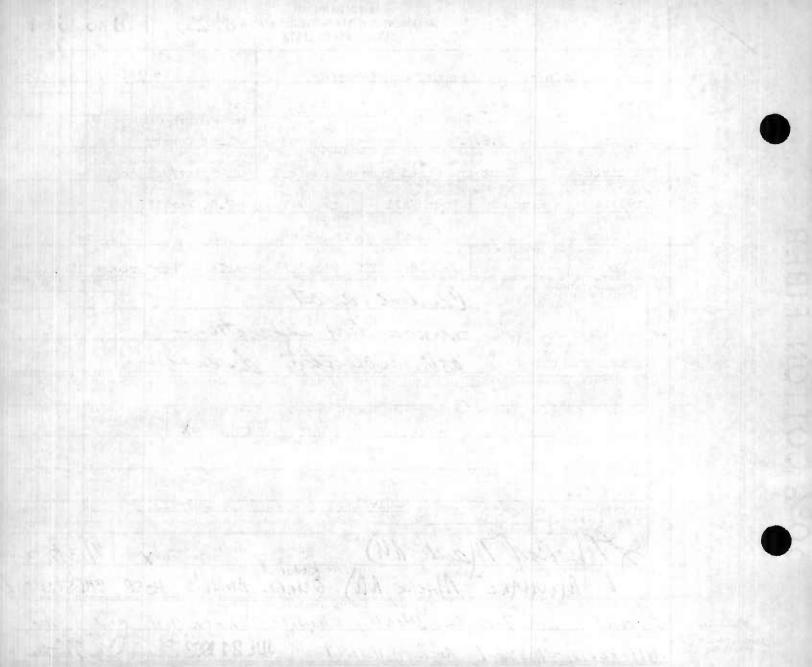
ROCK Hall

234 NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OF TOWN

Kent

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SHOMATURE
JUL 21 1982



FOR

1. DECEASED NAME

REGISTRAR

- STATE

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife Queen St. (Ryckman) ADDRESS aston, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH L3MUM ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [] NO [] 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 7/5/82 STATE Crumpton, Mar. Crumpton Cemetry Burial 24/FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 20M Chestertown, Md. (VRA 15, 4) 7/78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

MONTH

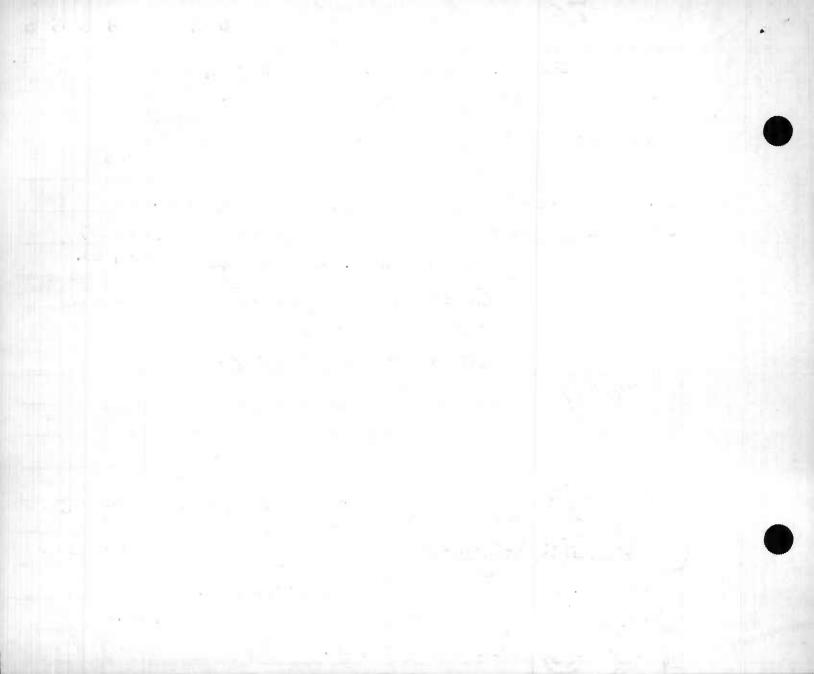
26. HOUR

HOURS

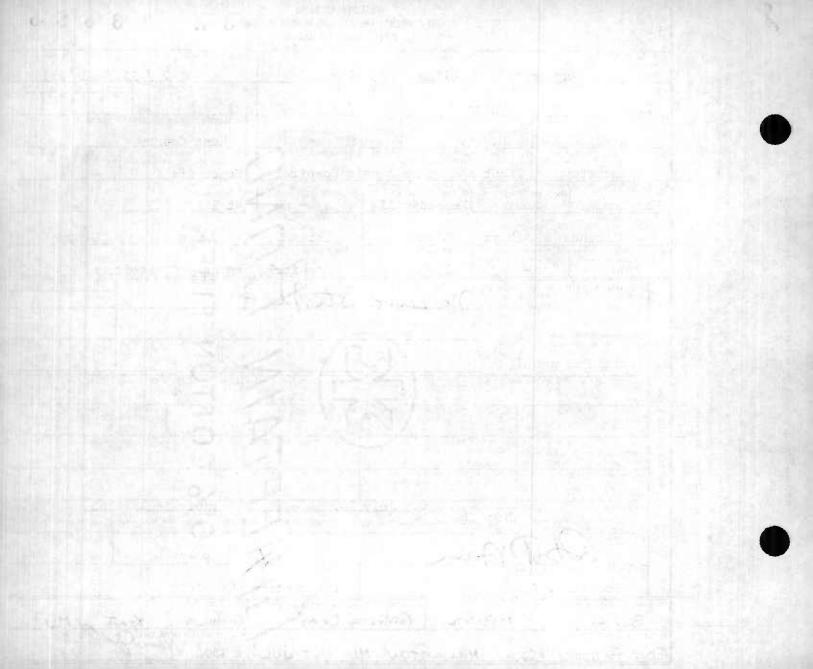
IF UNDER 24 HRS

IF UNDER I YEAR

2e DATE OF DEATH



						21 A 1	E UF MAKTLAND			(A)	2-10 9
	1.	FOR STATE REGISTRAR			DEPA		IEALTH AND MENTAL HY		EG. NO.	8 6) 5 0
		CEASED NAME	FIRST		MIDDLE	owi bu	LAST	2a. DATE OF DE	нтиом НТ	DAY YEA	R 25 HOUR
	Cited		argare	t	Pauline	Sch	nelts		7/	16 / 8	2 5:15/
	3. SE			RACE		S. DATE	OF BIRTH	6 AGE (IN YEARS	AST BIRTHDAY)	IF UNDER 1 Y	EAR IF UNDER 24
1		Female		Whit	e	MONI		81	YRS	MONTHS D	NOURS /
1.1	7n. B	RTHPLACE (STATE OR FO	DREIGN 7b.		WHAT COUNT	RY? 8.		9 BALTIMORE			1
35		Maryland		U.S.	٨	WIDOW	D NEVER MARRIED L		County		
2-	10. C	TY OR TOWN OF DEAT	TH 11	. NAME OF	HOSPITAL, NU	RSING HOME	OR OTHER INSTITUTION	12a USUAL OCC	UPATION	126. KIN	D OF BUSINESS
701		Chestertov	m		CHEACILITY, GIVE ST		's Hospital	Housew		LIFE) INDUST	RY
Pe d	USU	AL RESIDENCE (IF NURSIF	NG HOME OR OTH	HER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)		A Charles			
RA			13b. COUNTY		13c. CITY OR 1		13d. INSIDE CITY LIMITS?				
9	_	aryland	Ker	II L	Ivenned	yville	YES NO X	Rt 1 B	0X 193		
MAC		FIRST		DLE	LAST	-	FIRST	MI	DOLE		LAST
	14- 1	Clarence		lbert	O'Ne		Teresa 17 INFORMANT	Em	ma ADDRESS	G	eorge
medica		(ES, NO OR UNKNOWN)	(IF YES, GIVE W								
. 0 7		No			212-/	4-3252	Hospital	Records	- Chest		
, th		18 CAUSE OF DEATH PART 1. DEATH WA	(Enter only	one couse pe	line for (a), (b), and (c)	St Da			BETW	ROXIMATE INTERVA
e a			IMMEDIATE (Mas	urc	Justu				
or re		4361			R AS A CONSE	OUENICE OF					
ù a		Conditions, if any,	which i	1	K AS A CONSE	OOLINCEOF					
tro tro		gove rise to imm	ediate	(b)_			AT INC. TO SELECT	100	2 1/38		
ather		couse (0), stating underlying couse	last.	DUE TO, C	R AS A CONSE	OUENCE OF					
0 0		BART 2 OTHER CICK	IEICANIT COI	(c)_	ONTRIBUTING	TO DEATH BUS	NOT RELATED TO THE TER	AND THE PROPERTY OF THE	CONDITIONS	DVENI IN L DAD	
njury,	Z	PART 2. OTTER SIGN	IFICANT COI	NUTIONS	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR	CONDITION	SIVEN IN PAK	1 110
any ir	CERTIFICATION	190 DATE OF OPERAT	ION	19h COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY	2 20b IE Y	ES WERE EIN	DINGS USED
2 0 0	문								IN CER	TIFYING CAU	SES OF DEATH?
18 shows	E	210. ACCIDENT WAS UNDE	PIYING [21b. TIME C	DE IN HIRY		21c. HOW INJURY OCCU	YES NO		YES [NO 🗆
m 18 sh		OR CONTRIBUTING C			M. MONTH	DAY YEAR	The state of the s	TENTER NATURE	OF INJURY IN HEM I	O, PART I OK PART	21
= =	₽ V	(IF EITHER NOTIFY MEDIC			.М.	19					
o o	MEDICAL	21d INJURY OCCURRI			OF INJURY REET, FACTORY, OFF	ICE, FARM, ETC.)	21f. LOCATION STREET	CIT	YORTOWN	COUNTY	STAT
rke	1	AT WORK AT WOR	LE L					110			
E		220.1 certify that (1) (ottended th	e deceased fro		15, 19 82	, to <u></u>	ly 16	. 19_82	_, that {I} (we)
21		sow the deceased	d alive on	July	nfter death	9 82 0	nd that in (my) (aur) apinio	n death occurred on	the date and h	our and from	the couses state
E		22b. SIGNATUR	11 0	New The body	Offer degin.		DEGREE	- 100		22c. D.	ATE SIGNED
<u> </u>		(the	12M	MA	an		ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF		
Ž-	1	22d PHYSICIAN'S NA	ME (TYPE OR PE	RINT) -			22e ADDRESS	DINECTOR !	III SICIAN L		177-177
ORT		Robert	W Fa	rr M	D		Chesterto	rm MD 21	620		
IMPORTANT: IF	22- 5	BURIAL, CREMATION, R		23b. DATE		22. NAME OF	EMETERY OR CREMATORY				
		BURIAL	REMOVAL					CITY OR TO	NWN	COUNTY	AL A STAT
				7-19-	85	GAler		GAIEN		ent	y MU
/80	74 F	UNERAL DIRECTOR			ADDRE	\$5	25a. D.		TRAPTA REG	RAP S SIC	VALUE
	FI	w. Fellow	5 +5	DE) 1	YILLING	ton/ 1	4D 2165/101	_ 2 2 1982		U	



Chestertown, Md.

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

RECUKKENT STROKEL Hyper Francis and Asold then half the your passes visititi wasten thank theem by how miles and

V		1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG	REG. NO.					
page 3			EASED NAME	Jame	es Rob	ie WHE		ASF	July	26 HOUR A				
infter de		sex ma	ale		1		_ MONTH	OCT. 20 1908		9, 1982 RS LAST BIRTHDAY)	# UNDER 1 YEAR	IF UNDER 24 HRS		
M	5	BIRTHPLACE ISTATE OR FOREIGN Maryland			wind wind		WIDOWE	MARRIED NEVER MARRIED MIDOWED DIVORCED		Kont				
A P (2)	Worton RFI					At Home	(Smi	thville)	126 USUAL OCCUPATION (117F OF WORK FOR MOST OF WORKING LIFE) Carpenter					
Filled in	13	Mo	-	I Kent	TY	GIVE RESIDENCE BEFOR 13c CITY OR TOV Worton	VN	134 INSIDE CITY LIMITS? YES NO		odress Smithvi	lle_			
ompletel and 2 sh edical ex			William			LAST			y Big	elow_	IAS			
an and co	16	a W.	AS DECEASED EVER S, NO OR UNKNOWN) NO		MED FORCES? WAR OR DATES)	218 24	4330	Thomas A.	Wheat	-Sudler				
en signed by the attending physici hen please remove carbon papers r to burial, cremation, or removal ny injury, or other traumatic even			PART I. DEATH V	VAS CAUSEI	y one couse per BY. E CAUSE (a)	Myo Ca	1/.	O Infre 4	10 - Sa	Iden De	/ /	INSET AND DEATH		
			Conditions, if any gave rise to im cause 101, statiunderlying cause	mediate ng the) (b)_	RASA CONSEOU	uscle	clerope heart disease since 1						
	3		PART 2 OTHER SIG	NIFICANTO			DEATH BUT		TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)					
n. permit. giene prie		HILLA	to DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOF	IN CERT	ES, WERE FINDIN TIFYING CAUSES YES []			
physician is certificat ial-transit p lental Hygi	40		?1a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTHY MEDIC	CAUSE OF DEA	TH HOUR A.		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATU	IRE OF INJURY IN ITEM 18	B, PART † OR PART 2}			
After the sthe burn the and M marked of	A CHOSE		ZIII. INJURY OCCUR WHILE NOT W AT WORK AT WO	HILE [21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC.	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE		
ECTOR: for use a . of Heal			220.1 certify that (1) saw the deceas above, (1)	ed alive an.	1 - 3	22 19	8 Z . o	28 19 76 and that in (my) (-) apinion		on the date and h	our and from the	that (I) (======= last causes stated		
The hosp			226. SIGNATURE	n	011	Sen	0	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 7/9/82						
etained by the TO FUNERA hould be detained with the State MPORTANT			Wayne p			(Chesterto	own, Mo	1.				
BP	23	(SI	Burial Burial	REMOVAL	7/11		St. I	emetery or crematory Paul's Cem.		"Cheste				
DHMH-16 25M (VRA 15, 4) 1/79	24	FU	AL DIRECTOR	lis (Well	a ADORESS Che	stert	own, Md. JU		982 James	110	Varther		

SANSTER AND MAKE TANK THE LONG COMPANY the property (office) months (As note Maria de la companya The second of th filtre (trial de cover The party of the same of the s